

ALGONQUIN TOWNSHIP ROAD DISTRICT

VACATION REQUEST

Minimum of 24 hr. prior notice required

Name: Doug Helman

Employee Number: 407


Date: 3-1-17

Month and Days Requested: 3-2-17

VACATION	<input type="text" value="5 hrs"/>	COMP TIME	<input type="text"/>
PAID TIME OFF	<input type="text"/>	UNPAID ABSENCE	<input type="text"/>
OTHER	<input type="text"/>	SPECIALIZED RECYCLING	<input type="text"/>

Please indicate how many hours you will be taking in each category.

Received By:  Date: 3/2/17
Foreman

Authorized By:  Date: 3/10/17
Highway Commissioner